

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP						
1					51					
2	1				52					
3	1				53					
4	1				54					
5	1				55					
6	1				56					
7	1				57					
8	1				58					
9	1				59					
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11					61					
12					62					
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44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	2									
TOTAL DEP.	11									
TOTAL CLAIMS	13									